

Age Group: < 9 > 9

Largest Fish:

Smallest Fish:

AGE: _____

NAME: _____
First Last

Please complete this form. Take it with you to the learning stations and after you have completed the station have the presenter check the box below for the station they are presenting.
When you have completed all your stations return this form to the weigh and measure table so they can record the weights of 4 of your fish throughout the day

Learning Stations

Check when completed

Knot Tying: _____

Casting: _____

Fish	Weight (lbs, oz)	Length (inches)
1		
2		
3		
4		

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